



STATE OF IOWA

CHESTER J. CULVER, GOVERNOR
PATTY JUDGE, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
KEVIN W. CONCANNON, DIRECTOR

July 27, 2007

GENERAL LETTER NO. 3-B-AP-2

ISSUED BY: Office of the Deputy Director for Field Operations

SUBJECT: Employees' Manual, Title 3, Chapter B, **STATE RESOURCE CENTERS APPENDIX**, Contents (page 1), revised; pages 5 through 11, revised; page 12, new; and form 470-4366, *Type 1 Incident Investigation Report*, revised.

Summary

This chapter is revised to update form 470-4366, *Type 1 Incident Investigation Report*, to include additional data fields, add identified concerns from an investigator, and place responsibility with the incident review committee to make recommendations. Direction and definitions are also added for the completion of the form.

Effective Date

Immediately.

Material Superseded

Remove the following pages from Employees' Manual, Title 3, Chapter B, Appendix, and destroy them:

<u>Page</u>	<u>Date</u>
Contents (page 1)	October 27, 2006
470-4366	10/06
5-11 *	October 27, 2006

* Move form 470-4345 to follow page 10 instead of page 8.

Additional Information

Refer questions about this general letter to your resource center superintendent.

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Type 1 Incident Investigation Report

This form is to be used by the resource center investigator to prepare the written report of the investigation into all type 1 incidents and by the Incident Review Committee to determine appropriate actions needed as a result of the investigation. See 3-B-Appendix for instructions.

I. Basic Information	
Investigation Report	
Investigation number	ID number
Name of alleged victim <input type="checkbox"/> Adult <input type="checkbox"/> Child	House address
Date incident allegedly occurred	Time alleged incident to have occurred
Date/time reported to RTS/other supervisor	Date/time reported to DQM or designee
Location of incident	
Date/time reported to DIA	Reported to
Date/time investigation assigned	Date investigation completed <input type="checkbox"/> Check if Addendum
Name and title of primary investigator assigned	
Description of the incident	
Names of alleged perpetrators	
Names of persons reporting the incident	
Immediate protections implemented	
Date/time of medical assessment	
Immediate actions taken with alleged perpetrators	
Names of all witnesses (employees, volunteers, contractors, individuals, others)	

Type of incident (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Alleged abuse | <input type="checkbox"/> Elopement |
| <input type="checkbox"/> Physical | <input type="checkbox"/> Suspicious injury |
| <input type="checkbox"/> Sexual | <input type="checkbox"/> Injury resulting from restraint |
| <input type="checkbox"/> Verbal | <input type="checkbox"/> Suicide attempt |
| <input type="checkbox"/> Mental or psychological | <input type="checkbox"/> Individual physical or sexual assault of another individual |
| <input type="checkbox"/> Neglect or denial of critical care | <input type="checkbox"/> Other incidents in which an initial Type 2 incident review or clinical or interdisciplinary team review indicates a potential allegation of abuse |
| <input type="checkbox"/> Exploitation | <input type="checkbox"/> Other incident assigned for investigation by the Superintendent or Deputy Director |
| <input type="checkbox"/> Serious injury | |
| <input type="checkbox"/> Death | |
| <input type="checkbox"/> Suspicious | |
| <input type="checkbox"/> Unexpected deaths | |

II. Investigative Procedure

A. General Information

1. *List the dates and times the investigator visited the site of the incident.*
2. *List the persons with whom the investigator spoke at that site. (Not witness interviews.)*

B. Collecting Physical and Demonstrative Evidence

1. *Describe the manner in which the scene of the incident, if any, was secured.*
2. *List each piece of physical evidence collected.*
3. *Describe the manner in which the physical evidence was collected and logged.*
4. *Describe the manner in which the physical evidence was kept after collection in order to maintain the chain of custody.*
5. *List any pictures that were taken.*

6. *List any demonstrative evidence available to the investigation (e.g., diagrams, maps, floor plans, x-rays).*

C. Testimonial Evidence

1. *Describe the way in which the investigator determined whom to interview.*
2. *List all persons interviewed in chronological order, including name, title, date and time, and type of interview (e.g., face-to-face, telephone).*
3. *Report the questions asked and answers given of all individuals identified in II.C.2.*
4. *List the person or persons, if any, identified as the target or targets of the case.*
5. *Describe the way in which the investigator afforded the target or other witnesses any right to representation if such rights exist by contract or other regulation or by law.*
6. *For any person identified in II.C.4., note whether the person had been suspended pending the investigation, whether any such person was reinstated during the course of the investigation and the reason for the reinstatement. If no one was suspended, please explain.*
7. *List any previous investigations that were reviewed as relevant to determine the circumstances, the veracity of witnesses, or corrective actions to be proposed.*

D. Documentary Evidence

1. *List any statements taken from individuals interviewed in the case. (This may be noted, for convenience, on the list identified in II.C.2., above.)*
2. *List any other documents collected in this case.*
3. *Describe the manner in which any business records that were collected were secured prior to and after their collection.*

III. Summary of Evidence

- A. List the investigatory questions that the investigator must answer.**
- B. Provide a summary of all direct evidence available to answer each question. (Information to be a fair summary related to each question.)**
- C. Provide a summary of all circumstantial evidence available to answer each question. (Information to be a fair summary related to each question.)**

IV. Analysis and Findings

Include an answer to each investigatory question identified in III. Summary of Evidence and the reasons for your conclusion.

V. Identified Concerns

List issues and concerns identified during the report which are contributing or non-contributing systemic concerns that the Incident Review Committee may consider for recommendations for corrective actions.

VI. Disposition of Case

(To be completed by the Incident Review Committee in consultation with the investigator.)

Part I. For allegations or suspicions of abuse and neglect including allegations and suspicions arising during the investigation, based on the findings noted in section IV, we believe that the allegation has been:

☐ Substantiated

☐ Unsubstantiated

☐ Inconclusive

Part II. For all other matters (e.g., serious injuries of unknown origin), based on the findings noted in section IV, we believe the investigatory question has been:

☐ Resolved

☐ Not resolved

Approval

Investigator signature	Date
Supervisor signature	Date

VII. Recommendations (To be completed by the Incident Review Committee.)

Based on the findings of the investigation and the discussions within the Incident Review Committee, we make the following recommendations that we believe are necessary to better protect people from harm.

VIII. Corrective Action Plan

(To be completed by the Incident Review Committee.)

Are corrective actions needed? ☐ Yes ☐ No

If Yes, person responsible for development of corrective action plan:

IX. Incident Investigation Quality Assurance Follow-up (Administrative review)

(To be completed by the director of Quality Management.)

Case number:

Were problems timely and adequately detected? ☐ Yes ☐ No

If the answer is No, explain:

Were protections timely and adequately implemented? ☐ Yes ☐ No

If the answer is No, explain:

X. Corrective Action Plan Review (Administrative review)

(To be completed by the Incident Review Committee.)

Plan developed within five business days of assignment? ☐ Yes ☐ No

Plan contained necessary components:

Tasks ☐ Yes ☐ NoTimeline ☐ Yes ☐ NoOutcomes ☐ Yes ☐ NoEmployee responsible for implementation ☐ Yes ☐ NoCorrective action plan implemented in timely manner? ☐ Yes ☐ NoResults of corrective action plan documented? ☐ Yes ☐ No

Recommendations for further corrective action plan steps. (The Incident Review Committee shall address any "No" responses related to the development, implementation, and documentation of corrective action plan.)

Type 1 Incident Investigation Report, Form 470-4366

Purpose	<p>Form 470-4366 provides the outline and format for investigation of Type 1 incidents. The investigator provides the completed form to the director of quality management.</p> <p>This form is divided into two components. Sections I through VII are the official report of the investigation including the findings and recommendations. Sections VIII and IX are not part of the official report. These two sections are for internal administrative review of the overall implementation of the investigation process.</p>
Source	<p>This form is a template available through the resource center superintendent's office.</p>
Completion	<p>The investigator shall complete sections I through V for each investigation.</p> <p>The incident review committee shall complete Sections VI, VII, VIII, and X. Sections VI and VIII shall be completed in consultation with the assigned investigator.</p> <p>The director of quality management shall complete section IX.</p>
Distribution	<p>After the review is completed, forward the original to the superintendent. Quality Management retains one copy. Attach any collateral information to the report.</p>
Data	<p>Section I. Basic Information:</p> <p>Investigation number. Sequential number assigned by resource center.</p> <p>ID number. Individual's resource center case number.</p> <p>Name of alleged victim. Individual involved in the incident or individual. Only one individual can be named on a form. If more than one individual involved, list each individual on a separate form. (Indicate adult or child.)</p>

House address. Number/name of unit the individual lives in.

Date incident allegedly occurred. Date the incident occurred.

Time alleged incident to have occurred. Time the incident is alleged to have occurred.

Date/time report to RTS/other supervisor. Date and time the person who first became aware of the incident reported the alleged abuse to a resident treatment supervisor or other supervisor.

Date/time reported to DQM or designee. Date and time the alleged abuse or incident was reported to the director of quality management, superintendent, or designee for determination of acceptance and assignment for investigation.

Location of incident. Where the alleged incident occurred. (House, program area, treatment area, on campus, off campus, etc.)

Date/time reported to DIA. Date and time the alleged abuse incident was reported to the Department of Inspection and Appeals.

Reported to. Name of the employee to whom the report was made.

Date/time investigation assigned. Date and time the investigation was assigned to an investigator.

Date investigation completed. Date the investigation was completed and sent to the next step. Check the box to indicate if the report is an addendum to a previously submitted report.

Name and title of primary investigator assigned. The name and title of the primary investigator.

Description of the incident. A complete statement as to what is alleged to have occurred.

Names of alleged perpetrators. Completed only for incidents involving allegations of abuse. If more than one person is alleged, list all persons alleged by individual name.

Names of persons reporting the incident. If more than one person reported the incident, list all persons who made a report by individual name.

Immediate protections implemented. If protection was required, describe what actions were taken to protect the health and safety of the individual.

Date/time of medical assessment. Date and time that a health care professional first assessed the victim or individual for injury or medical needs.

Immediate actions taken with alleged perpetrators. Completed only for incidents involving allegations of abuse. (Actions may include alleged perpetrator was removed from direct contact with individual, employee was reassigned or placed on leave with pay, etc.)

Names of all witnesses (employees, volunteers, contractors, individuals, others). List the names of all persons who were present when the incident occurred and who witnessed the incident first hand.

Type of incident. Check the type of incident being investigated. Check all types that apply.

Section II. Investigative Procedure

The investigator completes this section by addressing all questions asked.

Section III. Summary of Evidence

Investigator provides a summary of questions asked, evidence available, and circumstantial evidence.

Section IV. Analysis and Findings

Investigator provides conclusions based on available evidence and reasons for the conclusions made.

Section V. Identified Concerns. Investigator lists contributing or non-contributing systemic concerns identified during the report that the incident review committee may consider for recommendation for corrective actions.

Section VI. Disposition of Case

In consultation with the assigned investigator, the incident review committee determines:

- ◆ For abuse allegations, whether substantiated, unsubstantiated, or inconclusive.
- ◆ For all other incidents, whether or not the incident was resolved.

Approval

- ◆ **Investigator signature and date.** Investigator signs the report to indicate the report has been reviewed and is complete. Investigator dates the report at the time of signature and identifies the date of completion.
- ◆ **Supervisor signature and date.** Director of quality management:
 - Signs the report to indicate the report has been reviewed and is determined to be complete.
 - Dates the report at the time of signature and identifies the date of completion.

Section VII. Recommendations

Completed by incident review committee. Provides any recommendations determined appropriate to provide individuals with improved protections from harm.

Section VIII. Corrective Action Plan

Identifies whether or not corrective actions are needed and if needed, person responsible for development of the plan.

Section IX. Incident Investigation Quality Assurance Follow-up

Completed by director of quality assurance. Provides assessment of whether problems were timely and adequately detected and whether protections were timely and adequately implemented.

Section X. Corrective Action Plan Review

Completed by the incident review committee. Provides a summary of development and implementation of corrective actions.
Recommendations of further corrective actions are provided as needed.

Type 2 Incident Review Report, Form 470-4345

Purpose	Form 470-4345 provides an outline and format for reviews done of Type 2 incidents. The reviewer provides the completed form to the treatment program manager.
Source	This form is a template available through the resource center superintendent's office.
Completion	The reviewer shall complete sections I through III. The treatment program manager completes section IV.
Distribution	After the review is completed, forward the original to the treatment program manager. Attach any collateral information to the report.
Data	<p>Section I. Basic Information:</p> <p>Review number. Sequential number assigned by resource center. (If used)</p> <p>ID number. Individual's resource center number.</p> <p>Name of individual. The name of the individual involved in the incident. Only one individual can be named on a form. If more than one individual involved, list individual on a separate form. (Indicate adult or child.)</p> <p>House address. Number or name of unit the individual lives in.</p> <p>Date incident allegedly occurred. Date the incident occurred.</p> <p>Time alleged incident to have occurred. Time the incident occurred.</p> <p>Location of incident. Where the alleged incident occurred (house, program area, treatment area, on campus, off campus, etc.).</p> <p>Date/time incident reported to supervisor. Date and time an employee, volunteer, or contractor reported the incident to a supervisor.</p>

Supervisor reported to. Name of the supervisor to whom the report was made.

Date/time review assigned. Date and time the review was assigned to the reviewer.

Date review completed. Date the review was completed and sent to the treatment program manager.

Name and title of employee assigned to review.

Description of the incident. A complete statement as to what occurred or is alleged to have occurred.

Names of employees involved. If the incident is the result of an inaction or action on the part of an employee, enter the employee's name.

Names of persons reporting the incident. If more than one person reported the incident, list all persons who made the report by name.

Immediate protections implemented. If protection was required, describe what actions were taken to protect the health and safety of the individual.

Immediate actions taken with employees. Completed only for incidents involving allegations of employee, volunteer, or contractor wrong doing.

Names of all witnesses (employees, volunteers, contractors, individuals, others). List the names of all persons who were present when the incident occurred and who witnessed the incident first hand.

Type of incident. Check the type of incident being reviewed. Check all types that apply. If the type of incident is not on the list, check "other" and specify the type of incident.

Section II. Review Procedure

The reviewer completes this section by providing the information requested.

Section III. Analysis and Recommendations

The reviewer completes this section by answering the questions asked and as appropriate, providing requested information. Reviewer signs and dates the completed review.

Section IV. Treatment Program Manager Review

The treatment program manager completes this section by answering the questions and providing further recommendations for other actions, as appropriate. The treatment program manager signs and dates the form.